

# TIVERTON POLICE DEPARTMENT

## Report of Complaint Against Police Personnel



1. If you wish to make a complaint about the actions of a Tiverton Police Department Employee or about any aspect of Tiverton Police operations, please:
  - Go to Police Headquarters, 20 Industrial Way, Tiverton RI 02878, and tell any employee that you wish to make a complaint; or
  - Call the department at 401-625-6716 and tell the person answering the phone that you wish to make a complaint
  - Write your complaint and mail it to the Chief of Police, Tiverton Police Department, 20 Industrial Way, Tiverton, RI 02878.
  - If your complaint involves the Chief of Police, you may contact the Town Administrator at the Town Hall, 343 Highland Rd., Tiverton RI 02878 (TEL: 401-625-6710)
2. Every reasonable effort shall be made to facilitate the convenient, courteous and prompt receipt and processing of citizen complaints.
3. An officer will assist you in filling out a complaint form. This form asks you to identify yourself and then to give specific details about your complaint.
4. Your complaint will then be investigated. You may be contacted and asked additional questions about your complaint.
5. All witnesses and involved police officers/employees will be interviewed concerning the incident.
6. You will be notified in writing as soon as practicable that the department acknowledges receipt of the complaint and that the complaint is under investigation.
7. You will receive periodic status reports on the investigation.
8. You will be contacted by the Chief of Police, or the Chief's designee, when the investigation is completed.

If you have questions concerning the process, you may contact the Patrol Shift Officer in Charge (OIC) at (401) 625-6717 ext. 0 or the Captain at (401) 625-6717 ext. 106 or the Chief of Police at (401) 625-6717 ext. 116. **Thank you for bringing this matter to our attention**

<b>DATE:</b>				<b>TIME:</b>			
<b>COMPLAINANT INFORMATION</b>							
Last Name				First		M.I.	
Street Address						Apartment#	
City				State		ZIP	
Home Phone #				Alternate Phone #			
<b>INCIDENT INFORMATION</b>							
Incident occurred on (Date)				Day		Time	
Location of incident							
<b>WITNESS INFORMATION (IF KNOWN)</b>							
<b>Witness #1</b>		First Name				Last Name	
Street Address						Apartment#	
City				State		ZIP	
Home Phone #				Alternate Phone #			
<b>Witness #2</b>		First Name				Last Name	
Street Address						Apartment#	
City				State		ZIP	
Home Phone #				Alternate Phone #			
<b>Witness #3</b>		First Name				Last Name	
Street Address						Apartment#	
City				State		ZIP	
Home Phone #				Alternate Phone #			
<b>Witness #4</b>		First Name				Last Name	
Street Address						Apartment#	
City				State		ZIP	
Home Phone #				Alternate Phone #			
<b>POLICE PERSONNEL INVOLVED (IF KNOWN)</b>							
<b>#1</b>	Name			Rank/Title		ID #	
<b>#2</b>	Name			Rank/Title		ID #	
<b>#3</b>	Name			Rank/Title		ID#	
<b>#4</b>	Name			Rank/Title		ID#	
<p><b>Note: Guilt or innocence of any criminal charge you may be facing will not be determined by this investigation. You are still required to attend any scheduled court appearance related to any and all</b></p>							

